

Child Welfare League of America

130 East Twenty-second Street, New York City

Bulletin

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JUNE 15, 1927

NEW OFFICERS ELECTED

The luncheon and Annual Meeting of the Child Welfare League at the time of the National Conference were very largely attended by members and friends. We quote elsewhere portions of Mr. Carstens' Annual Report presented at that time.

The election of officers and Executive Committee members brings some new persons into posts of responsibility and re-enlists other good friends of the League. They are:

Officers—

- President, Albert H. Stoneman, Michigan Children's Aid Society, Detroit, Mich.
Vice-President, Dr. A. T. Jamison, Connie Maxwell Orphanage, Greenwood, S. C.
Secretary, Miss Georgia G. Ralph, New York School of Social Work.
Treasurer, Alfred F. Whitman, Boston Children's Aid Association.

Members of the Executive Committee—

- Miss Caroline M. Crosby, Board of Directors, Children's Protective Society, Minneapolis.
Mrs. Gertrude Dubinsky, Superintendent, Juvenile Aid Society, Philadelphia.
Cheney C. Jones, Superintendent, New England Home for Little Wanderers, Boston.
Miss Katherine Lenroot, Asst. Chief, U. S. Children's Bureau, Washington, D. C.
Mrs. Charles R. Peck, Board of Managers, Church Home Society, Boston.
Miss Ruth Taylor, Deputy Commissioner of Public Welfare, Westchester County, N. Y.
C. V. Williams, Superintendent, Illinois Children's Home and Aid Society, Chicago.

COMMITTEE REPORTS ON ALLOCATION OF CHILDREN

There was presented at one of the Child Welfare League meetings in Des Moines a most interesting report of the discussions of a group of fifteen New York City Executives from agencies and institutions, who, during the winter of 1926 and 1927, discussed the principles upon which children are allocated to various forms of

care by the organizations represented. The discussion was confined to actual practices which now determine the action of these organizations. A committee of five undertook to formulate a statement representing the sense of the whole committee, which was presented at Des Moines with the warning that it is tentative and represents a stage toward definite principles—not final principles themselves.

"A careful reading between the lines of the summary of general principles of allocation of children which follows will show that the members of the Committee have had difficulties in each of these three main phases of their work:

- "1. To describe the various child and child-parent situations which justify acceptance of children for care.
- "2. To lay down some general principles for guidance in the allocation of children 'ranging in age from infancy to adolescence and coming from all kinds of human situations who themselves do not present outstanding physical, mental or emotional problems.'
- "3. To lay down some general principles for guidance in the allocation of children, 'who, in addition to considerations of age and family status, themselves present some outstanding physical, mental or emotional problem.'"

As a matter of historical fact the Committee found least difficulty in agreeing upon some general principles in task No. 1, much more difficulty in task No. 2, and found task No. 3 so complex that they were unwilling to generalize at all without giving the matter further study.

In short, the Committee has become increasingly conscious of the fact that not only with the children who themselves present some outstanding physical, mental, or emotional problem, but also with the acceptance and allocation of every child for care away from his own home there are at least three factors present (all unknown in advance) that must be studied and understood before the child's needs can be intelligently and adequately met. These three variable factors found in all possible varieties of combination are:

1. The personality and physical, mental and emotional needs of the child himself.

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USE OF PSYCHIATRIC SERVICE BY INSTITUTIONS

By DR. HERMAN M. ADLER

Dr. Charles Whitney Page at one time spoke of the pride of Americans in their institutions and wondered how future generations would look back upon this pride. He feared that the wide-spread use of institutions as seen in America today might be considered by these future citizens as a sign of the backwardness of the Twentieth Century.

What is the purpose of our present-day institution? To many people the institution may be considered as a method—clumsy at best—by which society has attempted to meet the large and important problem of the child who through fault of circumstance is without a home of its own. This attempt at solution has relieved the bad conscience of the community, since the institution presents a front which is pleasing to the eye, its complex organization hiding and merging the individual problems into a uniform and many times stereotyped picture. By this, of course, we do not mean that it is the aim of any institution to present a false front: it is rather the inevitable result of bringing together in large groups any such segment of the population.

The psychiatrist interested in the mental health of children in institutions must necessarily regard the institution as having two functions. First, it may be used as a place where the child's problems are studied in a controlled environment. If used for this purpose, the institution then becomes a place where the assets and liabilities of each child may be evaluated. On the basis of such a study the child may be directed into a career in which he will be able to use his assets to the utmost and minimize his liabilities—the ultimate plan being his return to the community as a productive citizen. Secondly, the institution may be used as a place of custody for those children whose problems are so serious and so inexplicable that science has had to admit failure.

Both of these types, of course, represent fertile fields of work for the psychiatrist. In the latter type his function is for the most part of a research nature. He works in order that this group may be reduced to a minimum. In the former type of institution the work is along lines which have already been set out by former experimentation. The route is relatively clear and the problem becomes merely one of organization.

Possible ways of organization by which the staff of the institution and the staff of the mental hygiene clinic may be brought into a working relationship which is effective are many and need no review.

Places in which the technique of the psychiatric unit has in the past been of definite value are the following:

1. Where questions arise as to whether the child should be admitted to the institution.
2. The analysis of the child after admission.
3. The carrying out of a unified program for the child's whole institution career.
4. The bridging of the gap which must necessarily exist between the institutional placement and return to the community.
5. The following through of the adjustment in the community.

Heads of institutions frequently tell us that there are but few children under their charge who present real problems. We can, however, assume in the case of every child in an institution an abnormal situation in his past, otherwise he would be in his own home, and an abnormal situation in the present, in that he is forced to adjust to certain routine, standards, and group actions which he would not have had to meet in his own home. A conclusion that a child in an institution is without problems is one which, therefore, cannot be drawn lightly. Such a decision needs the most expert judgments from the fields of psychiatry and psychology based upon a thoroughgoing social investigation of the life sequence of the child. This necessarily means much work, and work requiring a large amount of skill and experience.

It is to be hoped that the institution of the future may consider the most fundamental part of its work to be the early study and solution of the problems of each individual child under its care. It will then see no alternative to employing the most skilled techniques possible and it will, in looking back, be able not only to point out the successes and failures which have resulted from its care and treatment, but it will also know why it has succeeded or failed.

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2. The degree to which and the methods by which his needs can continue to be met by use of assets in his own family and other social relationships.
3. The peculiar fitness of a free foster home, a boarding foster home, and an institution to help the particular child with particular family and other social assets and liabilities.

Certain phases of the variability of each of these factors have been especially impressed upon our minds during our discussion:

First, that even with children showing no outstanding physical, mental or emotional problems, there are such differences among those of the same age, sex, and apparently the same family status that the needs of all cannot be adequately met by the same treatment.

Second, that as a rule we are thus far more intelligently aware of physical and mental characteristics and needs than we are of the emotional needs of individual children.

Third, that after emotional needs (as well as physical and mental) of particular children are known we have yet to determine what it is in the particular free family home to be chosen, or in the particular boarding home to be selected or in the particular régime of the particular institution available that will best meet this child's emotional needs.

In other words, the Committee has come to realize that we cannot continue to talk about the free foster home method of care for a child as if there were only one such method. On the contrary, while these free homes have some qualities in common, there are as many essentially different free foster home methods as there are homes and persons in those homes. Accordingly, in allocating for care a child with particular personality and with a particular child-family relationship in the background, we are not meeting that child's needs in an intelligent way until a particular free foster home, boarding home, or institution has been chosen with particular reference to his needs. Even in an institution it is to a particular building, superintendent, house-mother, care-taker, teacher, group of children, atmosphere, that each child goes.

Owing to the essential variations within each general system of care the next step for our group would seem to be to devise some way of finding out and describing just what it is in each general system of care that meets or fails to meet the needs of the individual child. We are plainly challenged to a further analysis of our processes.

SITUATIONS WHICH JUSTIFY ACCEPTANCE OF A CHILD FOR CARE AWAY FROM HIS OWN HOME

1. Foundling and other abandoned children and full orphans who are without responsible guardians.
2. Children living under adverse conditions resulting from causes other than poverty which after serious and skilful effort have not been found remediable within the home.
 - a. Death or physical inability of the mother
 - b. Communicable disease in the family
 - c. Cruelty and physical exploitation
 - d. Parents seriously incompetent because of mental or nervous condition
 - e. Conflict between parents
 - f. Conflict between parents and children
 - g. Persistent violation of accepted moral or legal codes
 - h. Habitual failure or inability of parents to control children.
3. Child himself, because of some personal physical or mental or behavior condition, needs specialized care which cannot be given in his own home.

PRINCIPLES OF ALLOCATION OF CHILDREN ACCEPTED FOR CARE

Throughout the discussion it was assumed that there are available free home, boarding home and institutional care of approximately equal standing in their respective fields. This is the only fair assumption on which to form opinion concerning the relative advantages and disadvantages of the different methods as such.

The Committee took account:

- a. Of the needs presented by children ranging in age from infancy to adolescence and coming from all kinds of home situations *who themselves do not present any outstanding physical, mental or emotional problems.*
- b. Of the needs of children, who, in addition to considerations of age and family status, *themselves present some outstanding physical, mental or emotional problem.*

The Committee considered for each of these groups:

- a. Allocation as between foster homes and institutions.
- b. Allocation as between free foster homes and boarding foster homes.

A. CHILDREN WHO THEMSELVES DO NOT PRESENT ANY OUTSTANDING PHYSICAL, MENTAL OR EMOTIONAL PROBLEM

1. Allocation as between foster homes and institutions.

- a. Children placed for the first time before they reach the state of development of the average child of ten should in general be placed in foster homes.

Exceptions:

The following exceptions to the placement of children under ten in foster homes were approved by the Committee as sometimes advisable:

- (1) Children with good and devoted parents who are unalterably opposed to foster home care.
- (2) Children with parents who, because of personality or interferences, have proved to be an insuperable obstacle to foster home placement.
- (3) Children over the age of three needing care for six months or less, provided they are placed in institutions designed for temporary care.
- (4) Children who have been frequently shifted from place to place either by their families or by agencies and who need a sense of security as a condition for normal development, provided they are placed in institutions which offer life in a small group and supervision which promises to provide a secure adult relationship.
- (5) Two or more children of the same family for whom foster home care cannot provide natural and daily association with each other, provided the institution makes such association possible.

THE CHILD WELFARE LEAGUE OF AMERICA

President—MISS NEVA R. DEARDORFF, Philadelphia
Vice-President—ALBERT H. STONEMAN, Detroit
Secretary—MISS GEORGIA G. RALPH, New York
Treasurer—ALFRED F. WHITMAN, 41 Mt. Vernon St., Boston, Mass.
Executive Director—C. C. CARSTENS, New York

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b. In placing for the first time children beyond the stage of development of the average child of ten, there may be valid reasons for selecting either institutional or foster home care. The need of children for group or family life cannot be determined solely on the basis of age.

The Committee believes that this problem should be explored further for the purpose of formulating more concretely types of situations calling for each form of care.

2. Allocation as between free and boarding foster homes

The Committee was of the opinion that:

a. In general, children under seven years of age who are full orphans and who have no brothers, sisters or other relatives who have a moral claim should be placed in free or adoption homes.

b. The same could be said, but with less assurance for each additional year, in the case of such children over seven.

c. The same principle would hold for abandoned or neglected children, provided it is clear on the basis of good case work that the child must be permanently separated from his own family.

d. The same principle would hold in the case of two or more orphaned, abandoned or neglected children of the same family provided they could be placed together or where they could be in close communication with each other.

NOTE: The Committee was not in agreement as to the degree of consideration that should be given in placing a child for adoption, to certain factors in the family history which may have eugenic significance, e. g., mental defect, insanity, epilepsy, tuberculosis, etc.

B. CHILDREN WHO THEMSELVES PRESENT SOME OUTSTANDING PHYSICAL, MENTAL OR EMOTIONAL PROBLEM

It was the sense of the Committee that there are not sufficient data from which to formulate an opinion concerning the allocation of children who present outstanding physical, mental or emotional problems. It, therefore, recommends that an effort be made to gather together any existing available experience on the subject and that some plan be devised for further experimental

tion, with recording of processes and results, which will provide additional information concerning the results of different methods of care in different kinds of situations.

RESEARCH

The Committee believes that available data are insufficient for answering adequately the questions which have been under discussion and that more consideration should be given to the whole subject of allocation through further discussion, experimentation and research.

THE EXECUTIVE DIRECTOR'S ANNUAL REPORT

Significant paragraphs from Mr. Carstens' report at Des Moines give glimpses of the League's activities.

"The work of the League during the past year has gone on very much along the lines that were noted a year ago. It has been interrupted somewhat by illness on the part of the staff but those who have rendered service have given it devotedly. If any of our members feel they have been neglected, we hope that they will take the will for the deed and ask us to give additional service during the coming year.

"In one of the cities of the State of New York an unusual opportunity for service has presented itself. The Children's Aid Society, having about seven hundred children under care, mostly in boarding homes, was criticised by the Inspection Department of the State Board of Charities. The Children's Aid Society requested to be relieved of all of their responsibility, whereupon the County Board of Supervisors in the emergency turned to the League and its seven hundred children are now in the care of the League for a demonstration and reorganization during a period of six months. Because of the fine co-operative spirit that various members of the League show, it has been possible to draw into our service as loans from some of the excellent agencies a staff that will be of unusual value to the community in setting up standards that we hope will be above criticism in the future. In connection with this enterprise there will be instituted certain supplementary studies for the purpose of determining how the reorganization can best be brought about.

"One of the additional responsibilities your Executive Director has assumed is toward the multitudes of children under the care of the Near East. With the consent of your Executive Committee I have assumed the chairmanship of the Overseas Social Welfare Committee of the Near East. The Near East is still spending its millions on the children of the devastated countries of Turkey, Armenia, Greece and Syria. That organization had at last report about 17,000 children under care in orphanages, placed out or under supervision elsewhere. They have been dealing until recently with an emergency, but are now anxious to develop constructive programs for their charges. They ask the Child Welfare League of America to help shape up such a program as will be approved by you and your representatives so that these children may have as good a chance as it is possible for them to get."

NEW COURSES IN CASE WORK SPONSORED BY SCHOOL

The New York School of Social Work announces, in addition to its regular curriculum, a course in case work especially designed for workers in children's agencies and institutions. Students will be admitted who are already working in the children's field and who wish to clarify their understanding of the problems with which their everyday work confronts them. The academic requirements for admission to courses leading to a diploma will be waived for this course.

Emphasis will be laid upon case study and treatment done by the students under the direction of Miss Ethel Taylor, now of the staff of the Child Welfare League of America. Group discussions of problems of child-caring agencies will be held and lectures on physical and mental health will be given by specialists in those related fields. The course will last five months. In order that teaching may be as intensive and individualized as the students require, not more than six students will be accepted at any one time.

The plan of this course has grown out of the expressed needs of many workers in the children's field who, for various reasons, have not been able to avail themselves of longer periods of study at the professional schools of social work, and yet who could benefit greatly from concentrated study of the problems of their own particular field. For case workers on the staffs of institutions, who generally are more isolated from professional supervision than those on the staffs of larger agencies, this course will offer an opportunity to "catch up" on perspective and methods, and to case workers in this as well as in other phases of the child-caring field, the course will attempt to give an opportunity to compare problems and to become familiar with the newest methods of treating them.

DIPHTHERIA IN THE UNITED STATES

Each year The Journal of the American Medical Association surveys the incidence of diphtheria as it has surveyed for many years the incidence and mortality of typhoid fever in the large cities of the United States. Such an inventory is a guide to the communities that are not doing everything possible to overcome the diseases concerned, and the publication serves as a stimulus to the more backward groups to increase their efforts for the future. A substantial fall in the death rate from diphtheria in large cities has occurred since 1923, but the fall for last year was less than for previous years, no doubt because diphtheria of virulent type prevailed in some cities.

Diphtheria is a disease about which much is known. The organism causing it has been isolated, there is a skin test to show whether or not a person exposed to the

disease is likely to succumb, the toxin-antitoxin injections help the person to build up in his blood antibodies against the infection and the poisonous products, and antitoxin given sufficiently early and in adequate doses saves thousands of lives. When the membrane becomes too thick in the throat a competent physician can insert a tube that will enable the patient to breathe until the antitoxin has acted to help the body in getting rid of the membrane. Even the dangerous complications of the disease, such as paralysis, infections of the heart and degenerations of the tissue and secondary infections of the ear, may be benefited and relieved by the procedures of modern medicine.

Under these circumstances the persistence of a high death rate for this disease is a reproach to both the public and the medical profession of the community. For the public it means ignorance of the steps leading to prevention and cure or carelessness in its failure to avail itself of those steps. For the physician and for the health officer it means neglect of their duty to educate the public concerning these matters or failure to avail themselves at the right time of the procedures with which they are familiar.—M. F. (Hygeia.)

INSTITUTE REACHES THIRTEEN STATES

The first Child Welfare Institute of the Child Welfare League of America, under the direction of Mr. Carstens, is being held in the Russell Sage Foundation from June 6 to June 25, 1927. The members come from thirteen states and represent eight different types of agencies caring for dependent and neglected children. They are:

Mr. Roswell Arrighi, Associated Charities of Albany, Miss Helen Behal, Juvenile Aid Society of Philadelphia, Miss Gertrude Cammack, Ramsey Child Welfare Board, Minnesota, Miss Jessie P. Condit, Children's Aid and S.P.C.C. of Newark, Mrs. Fannie B. Elrod, Tennessee Children's Home Society, Nashville, Tenn., Rev. E. E. Harter, Children's Home Society of Pittsburgh, Penna., Miss Alice Gray Hickox, Vermont Children's Aid Society Inc. Branch, St. Johnsbury, Vt., Mrs. Mary E. Holland, Colorado Children's Aid Society, Denver, Colorado, Miss Ellen Kane, Diocesan Bureau of Social Service, Hartford, Conn., Miss Katherine Kirwan, Baltimore County Children's Aid Society, Towson, Md., Miss Ruth E. Meeth, Henry Watson Children's Aid Society, Baltimore, Md., Miss Esther McClain, Department of Welfare, Columbus, Ohio, Miss Marjorie A. Prevost, American Legion Child Welfare Committee, New York City, Miss Helen Shirk, Kansas Children's Home and Service League, Topeka, Kansas, Miss Celeste P. Thornton, New Bedford Children's Aid Society, New Bedford, Mass., Mrs. Wilcox, State Board of Public Welfare, Richmond, Va.

CHILD WELFARE NEWS

Discussing the present "tremendous effort of the bar and of the public to cope with the menace of crime," Dr. George W. Kirchwey, in the Survey of April 15th, looks for a steady improvement of the criminal law and a slow improvement in its administration through combined efforts of the legal profession and civic crusaders. He questions, however, the bearing of all this work on the crime wave. In none of the proposed reforms does he see any recognition of the principle of criminal science which calls for the individualization of treatment. Whether they originate from the bar or from the popular crusades, these proposals always demand swifter and surer punishment, not understanding and correction. This reminds Dr. Kirchwey of the "amateur social doctors," described by Professor William Graham Sumner, who "always begin with the question of remedies and they go at this without any diagnosis or any knowledge of the anatomy or the physiology of society."

Finally, concludes Dr. Kirchwey, "it would be absurd to deny the existence of a substantial relationship between law enforcement and crime but it is a greater absurdity to accept the former as a sovereign remedy for the latter. There are incalculable elements in the warfare of organized society against its criminal elements. Even in the field of international war there are 'imponderables' which count for more than the heaviest battalions. Assuming that we may by these projected methods make crime twice as precarious as it is today, would we, even then, have made more than a dent in the present rate of criminality? I confess I don't know. No one knows. We are blind leaders of the blind. We must go on in our present course. But let us not blink the fact that in the vast majority of cases the bandit of today is the juvenile delinquent of yesterday and the innocent child of the day before yesterday. Tomorrow it will be too late. The only cure for crime is prevention."

The State Child Welfare Commission of Oregon, in its biennial report for the period ended September 30, 1926, calls attention to the fact that 97 per cent of the dependent children in institutions in that State are recorded as having one or both parents living. Under the Oregon law a mother, if eligible for assistance from the State, receives \$15 a month for the first child and \$10 for each succeeding child, the maximum allowance being \$60. On the other hand, the State subsidy for a child in an institution is from \$16 to \$20 a month, to which must be added funds from the Community Chest or some other source to make up the cost of maintenance, which ranges from \$20 to \$45 a month for each child. The commission points out the discrimination against the child in his own home and the induce-

ment for certain types of parents to shirk their responsibilities. It recommends adequate mothers' allowances not only as a measure of economy but as a means of attaining the ideal of caring for needy children in their own homes.

The third biennial report of the Bureau of Child Welfare of the New Mexico Department of Public Welfare (Santa Fe) gives an interesting account of the progress made in welfare work for children during the period since its creation. The special fields of work covered by the bureau are—(1) assistance in handling children presenting social problems by means of case work; (2) community organization for social work; (3) service to institutions for children through raising standards of care and making investigations of cases coming to the attention of the institutions; (4) administration of the State child labor law; (5) work with mental defectives. The Bureau has just been admitted to membership in the Child Welfare League of America.

The Canadian Council on Child Welfare has been given the responsibility for a careful examination of the possibilities of boarding out and home finding in the Ottawa district. Under the auspices of the council a conference of the 10 child-caring agencies of Ottawa was held in that city in January. The report from the different agencies showed that the present child population in the various institutions exceeds 500 and that continuous pressure is being exerted on several of the agencies to accept more children, which under the present system could be done only through increased institutional facilities. To devise some plan for meeting this problem the conference appointed a special committee on which the various agencies were represented. This committee has unanimously recommended the creation for a 12-month experimental period of a special co-operative committee, to be called the Children's Bureau, which shall be composed of one representative from each of the agencies working for children in need of special care in the city. Among the duties of the bureau would be to investigate all applications for the care of children in any of the cooperating institutions and make recommendations to the institution interested; to provide for temporary care in emergency cases pending investigation; to collaborate with each agency in an attempt to provide maintenance for children boarded out in private family homes; to utilize every available means to preserve family ties and home life; and to assist in the rehabilitation of broken homes.

After seven years' valuable experience with the Boston Family Welfare Society, Miss Ruth Haseltine came to The Church Home Society May 1 as Director of Case Work.

Mrs. Bartlett Murdoch rejoined staff May 2 on secretarial and extension work.

Mrs. Dorothy K. MacIntyre has resigned from The Church Home Society staff. Mrs. Anna W. Smalley, a former Church Home Society worker, will assume the care of the forty children placed in foster homes that have been under the immediate direction of Mrs. MacIntyre.

DO YOU WANT REPRINTS?

Dr. Herman M. Adler's article on page 2 of this BULLETIN concludes the series of ten articles begun last September with Dr. Ralph P. Truitt's article, "All Case Work is One." Each has been a special interpretation of mental hygiene as it relates to our work. The League is in a position to reprint the series as a pamphlet, price 25 cents, if members and others can use them for distribution. Orders for a total of 300 copies must be received before reprinting.

THE LEGION STUDIES ITS CHILDREN

Since the establishment of the National Child Welfare Division of the Legion of which Miss Emma C. Puschner is Director, 610 children have been referred and received various types of service. An analysis has just been made of these children both as to social background and also service rendered. We quote from the latest Bulletin of the Division:

"The 610 children represent 249 families. You will be interested to know that these 610 children represented 39 Departments of The American Legion; that of the 610 children 530 were not beyond 9 years of age and that of the 530 children 322 were not beyond 5 years of age, showing that approximately 50% of the children referred are under 5 years of age and that approximately 33% of the children referred range from 5 to 9 years of age and only approximately 12% are beyond 9 years of age, and but 7% were 13 years and beyond.

"Of the 610 children such a large number as 437 were of pre-school age, 168 of Grammar School age and only 3 had attained High School and 2 were receiving Vocational training.

"It is encouraging to note that of the 610 children 398 were living in the homes of either one or both parents; that 37 were with relatives, leaving a balance of only 175 children receiving foster home or institutional care.

"Only 19 children of the entire 610 were whole orphans and only 18 children of the entire group were the children of members of The American Legion.

"To 412 children of the 610, we extended supplementary financial assistance in the home with their mothers from the Emergency Fund of the National Child Welfare Division; this is a very encouraging record and exemplifies the desire of every member of our Organization to keep the family unit intact if it is at all possible to do so."

TEST 158 PAIRS OF TWINS

The meaning of the phrase "as much alike as twins" has been tested so far as mentality goes on 158 pairs of twins in New York City. The tests were conducted at Columbia University by Gladys Tallman. The mental ratings of the twins were compared with the mentality of brothers and sisters whose ages were one to four years apart.

Twins are about twice as much alike mentally as are brothers and sisters of different ages, the tests showed. Boy-girl twins are not so much alike as girl twins or boy twins. And twins of the same sex that look alike are more nearly the same mentally than those that look distinctly different. The twins included 63 pairs who looked so much alike that they were almost indistinguishable.

ENCLOSURES

(Sent to members of the League only)

1. Leaves from Workers' Note Books—a report of the Saint Louis Children's Aid Society for 1926.
2. The Seventeenth Annual Report of the New Bedford Children's Aid Society from May, 1926, to May, 1927.

CHANGES FOR THE DIRECTORY

BIRMINGHAM, ALA.—Children's Aid Society of Jefferson Co. Address changed to 310 Phoenix Building.

RICHMOND, VA.—Children's Bureau, Board of Public Welfare. Miss Emily W. Dinwiddle, Director instead of Miss Gay B. Shepperson.

FORT WORTH, TEX.—Children's Aid Society of Texas. Address changed to 205 N. P. Anderson Building.

NEW MEMBERS

SOUTH CAROLINA

Thornwell Orphanage (d), Clinton, Rev. L. Ross Lynn, D.D., President.

RHODE ISLAND

Rhode Island Children's Friend Society (a), Providence, 75 Westminster St., Room 41, Miss Matty L. Beattie, Executive Secretary.

MARYLAND

Jewish Children's Bureau (a), Baltimore, Lombard St. & Hopkins Place, Mrs. Laura O. Guttmacher, Executive Secretary.

NEW MEXICO

Bureau of Child Welfare (c), Santa Fe, State Capitol, Miss Margaret Reeves, Director.

OHIO

Allen Co. Child Welfare Association (a), Lima, Court House, Miss Eleanor Emme, Secretary.

INTER-CITY CONFERENCE ON ILLEGITIMACY BULLETIN

President: MR. JAMES E. EWERS, Cleveland, Ohio.
Vice-President: MRS. EDITH M. H. BAYLOR, Boston, Mass.
Secretary-Treasurer: MISS RUTH COLBY, St. Paul, Minn.

ILLEGITIMACY IN CONNECTICUT

A study of children born out of wedlock in Connecticut has recently been published by the Connecticut Child Welfare Association. This was a study of case-records only, taken from records of agencies all over the State. Twenty-three agencies, both public and private, co-operated, and 655 cases of illegitimate children known to these agencies in the year 1923 were studied. The number of mothers was found to be 611, and of fathers, 621, a number of parents having more than one child born out of wedlock. Two hundred and three of the children were born during the year 1923, and the ages at the end of the period studied vary from one month to 22 years, the largest number being between 1 and 3 years. In 25% of the cases application to the agency had been made before the child's birth, and in 26% more before the child reached the age of 6 months.

The State Bureau of Vital Statistics gives the number of children born out of wedlock during 1923 as 367, and this is, we know, an understatement. At least 15 of the 203 included in the study who were born in that year were registered as legitimate, and 2 more were not registered. Apparently about 50% of the illegitimate children born in that year came to the attention of social agencies before the end of the year.

It is interesting to note that the 621 mothers known to this study have given birth to 777 illegitimate children. For 112 of the women the social agencies have knowledge of more than one other child, the total number of "additional" children being 122, making a total of 777 children of these mothers, born out of wedlock. This group of 112 women was tabulated according to their mental status, and it was found that some information as to mental condition was given for 52 of them. Of these, 2 were said to be "apparently normal," 27 "apparently retarded, subnormal," etc., 7 had a mental age of less than ten years, 4 more were between ten and twelve years, mentally.

There seemed to be no marked discrepancy between the ages of the fathers and mothers.

The circumstances of the parents' meeting may throw a little light on preventive methods. Approximately 35% of them met under what could be called fairly normal circumstances, while in 27% of the cases for which information was given the acquaintance began by a casual "pick-up" on the street.

As has been discovered in similar studies, a large number of these girls came from homes which had been "broken" by the death of one or both parents, by divorce, separation, desertion, etc. Forty-six per cent fall into this group. Forty-eight per cent of the girls were living in their own (parental) homes when they became pregnant; 13% were rooming or boarding away from home, another 14% were in domestic service, living at the home of their employers. Forty-eight of the girls had formerly been inmates of correctional institutions.

The children included in the study were evidently born under good conditions, so far as physical care at birth is concerned, 48% of the known cases having been born in a hospital and 28% more in a maternity home. Information that the child was breast fed for some time (varying from a few days to one year) is given for 160 of the children.

The infant mortality rate for the group born in 1923 is 93.6, and for all children born in the State during 1923, 76.5.

At the end of the period studied the whereabouts of 21 of the children were unknown. Fifteen per cent of the known cases were in free foster homes, and 9% were in boarding-homes, the expense being borne by the mother; 15% had been adopted. Twenty-one per cent were with their mothers, and 6% more with the mother and her husband, either the child's own father or a step-father.

In 21% of the cases the mother is known to have secured some support from the child's father, either through the efforts of the agency or her own, or voluntarily. In general, it appears that comparatively little is known of the father in any way, of his family, his background, or his whereabouts. It is as always very difficult to see that he takes his share of the responsibility of caring for the child.

This study was undertaken for the purpose, chiefly, of pointing out some of the defects in the present statutes of Connecticut relating to illegitimate children. Two bills were drawn up by a committee of the New Haven County Bar Association, embodying some needed changes, and were submitted to the recent session of the State Legislature. They were not passed in precisely the form recommended by the Bar Association, but the main features were in general retained, the bills were redrafted in committee and combined into one and finally passed (see Note 1).

Copies of the study may be obtained from the office of the Connecticut Child Welfare Association, 185 Church Street, New Haven, Conn.

Note No. 1—One excellent feature (though perhaps relatively unimportant, from a practical point of view) is that in every place where the word "bastard" was formerly used, the word "born out of wedlock" has been substituted.